

03-06-02

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UTILITY
PATENT APPLICATION
TRANSMITTAL

Filing for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No.	4002-2665/PC614.00
First Inventor	John Stewart Young
Title	DEVICES AND METHODS FOR SPINAL COMPRESSION AND DISTRACTION
Express Mail Label No.	EL 917 000 596 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

Assistant Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, DC 20231

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the Invention	b. <input type="checkbox"/> Specification Sequence Listing on:
- Cross References to Related Applications	<input type="checkbox"/> CD-ROM or CD-R (2 copies); or
- Statement Regarding Fed sponsored R & D	<input type="checkbox"/> paper
- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Pages 33]	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input checked="" type="checkbox"/> Information Disclosure Citation (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS 9 cited patents
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner: _____ Group / Art Unit: _____	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
19. CORRESPONDENCE ADDRESS	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach barcode label here)	17. <input type="checkbox"/> Other: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach barcode label here)	or <input checked="" type="checkbox"/> Correspondence address below				
Name	Woodard, Emhardt, Naughton, Moriarty and McNett				
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700				
City	Indianapolis	State	IN	Zip Code	46204-5137
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	Douglas A. Collier <i>Douglas A. Collier</i>			Registration No. (Attorney/Agent)	43,556
Signature				Date	March 4, 2002

Express Mail Label Number EL 917 000 596 US

Date of Deposit March 4, 2002

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231.

Patricia E. Collier
Signature of person mailing paper or fee

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FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Filing Date	
First Named Inventor	John Stewart Young
Group Art Unit	
Examiner Name	

Total Amount of Payment

(\$1260.00)

Attorney Docket Number

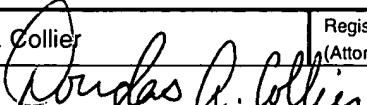
4002-2665/PC614;00

METHOD OF PAYMENT

FEE CALCULATION (continued)

1. <input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:										
	23-3030										
	Woodard, Emhardt, Naughton, Moriarty & McNett										
<input checked="" type="checkbox"/>	Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17										
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.										
2. <input checked="" type="checkbox"/>	Payment Enclosed:										
	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other										
FEE CALCULATION											
1. BASIC FILING FEE											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid						
101	740	201	370	Utility Filing Fee	740						
106	330	206	165	Design Filing Fee							
107	510	207	255	Plant Filing Fee							
108	740	208	370	Reissue Filing Fee							
114	160	214	80	Provisional Filing Fee							
SUBTOTAL (1) (\$740)											
2. EXTRA CLAIM FEES											
Total Claims	42	-20** =	22	X 18 =	396						
Independent Claims	4	-3** =	1	X 84 =	84						
Multiple Dependent											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description							
103	18	203	9	Claims in excess of 20							
102	84	202	42	Independent claims in excess of 3							
104	280	204	140	Multiple dependent claim, if not paid							
109	84	209	42	**Reissue independent claims over original patent							
110	18	210	9	**Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2) (\$480)											
* Reduced by Basic Filing Fee Paid											
SUBTOTAL (3) (\$40)											

*or number previously paid, if greater. For Reissues, see above

SUBMITTED BY	Complete (if applicable)				
Name (Print/Type)	Douglas A. Collier	Registration No. (Attorney/Agent)	43,556	Telephone	(317) 634-3456
Signature				Date	March 4, 2002

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